

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ DEC 23 2013 ★  
LONG ISLAND OFFICE

Robert Williams

COMPLAINT

NAME OF PLAINTIFF(S)

Jimmy Trill Demanded

FJC Security Service, Inc.

**CV 13-07397**

NAME OF DEFENDANT(S)

AMON, CH.J.

This action is brought for discrimination in employment pursuant to (check only those that apply):

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (amended in 1972, 1978 and by the Civil Rights Act of 1991, Pub. L. No. 102-166) (race, color, gender, religion, national origin).

**NOTE:** In order to bring a suit in federal district court under Title VII, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

☒

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634 (amended in 1984, 1990, and by the Age Discrimination in Employment Amendments of 1986, Pub. L. No. 92-592, the Civil Rights Act of 1991, Pub. L. No. 102-166).

**NOTE:** In order to bring a suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.

☐

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117 (amended by the ADA Amendments Act of 2008, Pub. L. No. 110-325 and the Civil Rights Act of 1991, Pub. L. No. 102-166).

**NOTE:** In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

**BLOOM, M.J.**

Jurisdiction is specifically conferred upon this United States District Court by the aforementioned statutes, as well as 28 U.S.C. §§ 1331, 1343. Jurisdiction may also be appropriate under 42 U.S.C. §§ 1981, 1983 and 1985(3), as amended by the Civil Rights Act of 1991, Pub. L. No. 102-166, and any related claims under New York law.

1. Plaintiff resides at:

P.O. Box 220  
Street Address  
Bronx, NY, 10467, 718 547 6098  
County State Zip Code Telephone Number

2. Defendant(s) resides at, or its business is located at:

275 Jericho Turnpike  
Street Address  
Floral Park, NY, 11001  
County City State Zip Code

3. The address at which I sought employment or was employed by the defendant(s) is:

Various Bronx, Addresses  
Street Address  
                    ,                     ,                     ,                       
County City State Zip Code

4. The discriminatory conduct of which I complain in this action includes  
(check only those that apply).

☐ Failure to hire.

☒ Termination of my employment.

☐ Failure to promote.

☐ Failure to accommodate my disability.

☒ Unequal terms and conditions of my employment.

☒ Retaliation

☐ Other acts (specify): \_\_\_\_\_

**NOTE:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

5. It is my best recollection that the alleged discriminatory acts occurred on:

8-30-13  
Date(s)

6. I believe that the defendant(s) (check one)

☒ is still committing these acts against me.

☐ is not still committing these acts against me.

7. Defendant(s) discriminated against me based on my:  
(check only those that apply and state the basis for discrimination, for example,  
what is your religion, if religious discrimination is alleged)

☒ race \_\_\_\_\_ ☐ color \_\_\_\_\_

☒ gender/sex \_\_\_\_\_ ☐ religion \_\_\_\_\_

☐ national origin \_\_\_\_\_

☐ disability \_\_\_\_\_

☒ age. If age is checked, answer the following:

I was born in 1963. At the time(s) defendant(s) discriminated against me,  
Year

I was ☒ more ☐ less than 40 years old. (check one).

**NOTE:** *Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.*

8. The facts of my case are as follows:

Please See attached documents

(Attach additional sheets as necessary)

**NOTE:** *As additional support for your claim, you may attach to this complaint a copy of the charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights, or the New York City Commission on Human Rights.*

9. It is my best recollection that I filed a charge with the New York State Division of Human Rights or the New York City Commission on Human Rights regarding defendant's alleged discriminatory conduct on: \_\_\_\_\_  
Date

10. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct on: 9-13-13  
Date

**Only litigants alleging age discrimination must answer Question #11.**

11. Since filing my charge of age discrimination with the Equal Employment Opportunity

Commission regarding defendant's alleged discriminatory conduct (*check one*):

☒ 60 days or more have elapsed.

☐ less than 60 days have elapsed.

12. The Equal Employment Opportunity Commission (*check one*):

☐ has not issued a Right to Sue letter.

☒ has issued a Right to Sue letter, which I  
received on 9-27-13  
Date

**NOTE:** Attach a copy of the Right to Sue Letter from the Equal Employment Opportunity Commission to this complaint.

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, pre-judgment interest, costs, and attorney's fees.

Robert Wilson  
PLAINTIFF'S SIGNATURE

Dated: 12-20-13

P.O. Box 220  
Address  
Brooklyn, NY 10467  
718 547-6098  
Phone Number

EEOC Form 161 (11/09)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: Robert M. Williams  
P.O. Box 220  
Bronx, NY 10467

From: New York District Office  
33 Whitehall Street  
5th Floor  
New York, NY 10004



On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

520-2013-03214

Jose T. Vega,  
Investigator

(212) 336-3682

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Kevin J. Berry,  
District Director

9/27/13

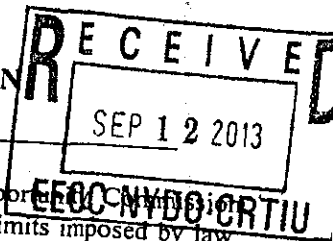
(Date Mailed)

Enclosures(s)

cc: Stephen Weisenholz  
VP of HR & Compliance  
FJC SECURITY SERVICE INC.  
275 Jericho Turnpike  
Floral Park, NY 11001



# 520-2013-03214 EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE



Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known."** If a question is not applicable, write "n/a." Please Print.

## 1. Personal Information

Last Name: Williams First Name: Robert MI: M  
 Street or Mailing Address: P.O. Box 220 Apt Or Unit #: \_\_\_\_\_  
 City: Bronx County: \_\_\_\_\_ State: NY ZIP: 10467  
 Phone Numbers: Home: ( 718 ) 547-6098 Work: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Cell: ( 718 ) 547-6098 Email Address: \_\_\_\_\_  
 Date of Birth: 01-06-1963 Sex: Male ☒ Female ☐ Do You Have a Disability? ☐ Yes ☒ No  
 Please answer each of the next three questions.  
 i. Are you Hispanic or Latino? ☐ Yes ☒ No  
 ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White  
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander  
 iii. What is your National Origin (country of origin or ancestry)? United States

## Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: N/A Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## 2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

**Organization Contact Information** (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: FJC SECURITY SERVICE INC.

Address: 275 Jericho Turnpike County: \_\_\_\_\_

City: Floral Park State: NY Zip: 11001 Phone: ( 516 ) 328-6000

Type of Business: Security Job Location if different from Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: Human Resources Phone: 516-328-6000

Number of Employees in the Organization at All Locations: Please Check (✓) One  
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

## 3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☒ No

Date Hired: 5/23/2013 Job Title At Hire: Security Officer

Pay Rate When Hired: \$12.85 Last or Current Pay Rate: \$12.85

Job Title at Time of Alleged Discrimination: Security Officer Date Quit/Discharged: \_\_\_\_\_

Name and Title of Immediate Supervisor: Mr. Jackson

If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

**4. What is the reason (basis) for your claim of employment discrimination?**

*FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.*

☒ Race ☒ Sex ☒ Age ☐ Disability ☐ National Origin ☐ Religion ☒ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:  
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain). \_\_\_\_\_

**5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.**  
*(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)*

A) Date: 8-30-2013 Action: Discrimination pursuant job assignment and terms and conditions of employment by  
Account Manager Mr Jackson

Name and Title of Person(s) Responsible: Mr. Jackson- Account Manager

B) Date: 8-30-2013 Action: Discrimination pursuant job assignment and terms and conditions of employment by  
Office Manager Mr. Davis for failing to correct or address matter after being informed

Name and Title of Person(s) Responsible: Mr. Davis- Office Manager

**6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.**

See attached Letter to Human Resources describing the the discriminatory action(s) and work schedule dated 8/30/2013

**7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?**  
 See attached Letter to Human Resources describing the the discriminatory action(s) and work schedule dated 8/30/2013

**8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.**

**Of the persons in the same or similar situation as you, who was treated better than you?**

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Dontkrow		
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		



Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name <u>Dont know</u>	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name <u>Dont know</u>	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
- ☐ I do not have a disability now but I did have one
- ☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
N/A		

What do you believe this person will tell us?

B. Full Name	Job Title	Address & Phone Number

What do you believe this person will tell us?

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☒ No ☐

Provide name of organization, name of person you spoke with and date of contact. Results, if any?  
The company Complaint Procedure Hot line- Left message after being told someone would contact me in 24 hours. As of this filing date no one from corporate has responded to my submission of my discrimination complaint

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

*Robert Williams*

Robert Williams

Signature

September 13, 2013

Today's Date

**PRIVACY ACT STATEMENT:** This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Robert Williams  
P.O. Box 220  
Bronx, NY 10467  
718-547-6098

FJC Security Services  
275 Jericho Turnpike  
Floral Park, NY 11001

September 3, 2013

**RE: Employee Complaint (Time Sensitive)**

Dear FJC,

I submit this letter in support of my complaint of unprofessional, unbecoming and unlawful conduct that I have been subjected to. I am requesting that this complaint be processed expeditiously to mitigate the damages and to prevent this from escalating to agencies that investigate the act or actions that I have recently experienced.

I have been an FJC Security Officer who was hired as a floater with the promise of receiving a 40 hour weekly work schedule on or around May 24, 2013. Within two weeks of employment NYCHA cancelled some locations and my hours were reduced which I am sensitive and understanding of. Overall my hours have been 32 hours a week therefore I am losing about \$400 every four weeks. In spite of this, I have been given a permanent schedule since on or around July 1, 2013 which is Monday, Tuesday, Wednesday and Saturday, Simultaneously this no longer makes me a floater.

As of Friday August 30, 2013 my schedule reflected this until I was left a message by my Account Manager that he was taking away my Monday and Tuesday to give to another employee who has been with the company for 15 years whose previously assignment ended and due to seniority he was giving my two days to her with the inference that he would find assignments for me during the week. In essence, he was taking money out of my pocket to give to another employee as if this would not interfere with my personal obligations and that my personal life has not been altered to reflect my permanent schedule.

For Example, since I work 32 hours per week and due to the Labor Day holiday my paycheck for week ending September 9, 2013 should reflect payment for four days and the holiday making it a five day check. Due to the arbitrary and capricious decision of the case manager my check will only be for three days a difference of on or about \$210 dollars (not including the financial loss of the following week). As of now for the next two weeks my days have been taken from me. (See Attached Schedule).

This is disturbing for several reasons such as; (1) It violates Equal Employment Opportunity in employment decisions pursuant protected status; (2) It violates New York State Labor Laws; (3) It violates FJC Unethical Conduct Policy; and (4) It violates FJC Favoritism Policy.

In an effort to remedy the situation I attempted to contact Mr. Jackson (Case Manager) and his boss Mr. Davis to no avail. I left them two messages each on Friday August 30, 2013 after I was made aware of this unbecoming and unprofessional treatment that if not corrected by that evening I was going to file a complaint. Moreover, they did not have the decency to return my call significantly, because they could have corrected this action and due to it being a holiday weekend.


In addition, I understand the other officer's situation however her situation is not to become my situation. I have a household to run. More importantly, the officer has an avenue for relief under the circumstances. Also, the act that the manager infers that he will attempt to find work for me this is supposed to be directed to the other officer.

Seniority is not an excuse to treat another employee as if they are not important to the company and seniority has no bearing in this matter. Unless it was pertaining to issues that seniority is used to determine certain company decisions such as two employees requesting to go on vacation at the same time.

This is not a work environment that is conducive to both personal and professional growth and by no means am I advocating for FJC to punish However, I do expect FJC to correct by giving me back my two days no later than Friday September 6, 2013 during this procedural process to mitigate the damages and prevent me filing a complaint with the appropriate agencies that protects workers' rights since I have not been removed due to disciplinary reasons.

Thank You for your understanding in this very serious matter that can be easily remedied.

Sincerely

  
Robert Williams



## INTEGRATED UNION ADMINISTRATION SYSTEM

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LIST EDIT

## SEIU LOCAL 32BJ COMPLAINT FORM

EVENTS | NOTES | MEMBER | EMPLOYER | WORK LOCATION/CONTRACT | CLAIMS | REMEDIES | COMPLAINT FORM | LETTERS

DATE FILED: <b>09/13/2013</b>	SECTOR: <b>OTHR:Other</b>	COMPLAINT #: <b>756170</b>
	TYPE OF WORK: <b>SECU:Security</b>	
MEMBER NAME: <b>WILLIAMS, ROBERT</b>	MEMBER ID: <b>0000489383</b>	MEMBER SSN: <b>***-**-6860</b>
MEMBER ADDR: <b>PO Box 220</b>	MEMBER HOME:	MEMBER CELL: <b>(718)547-6098</b>
<b>BRONX NY 10467</b>	CALL TIME:	CALL TIME:
	EMAIL:	
EMPLOYER: <b>FJC SECURITY SERVICES, INC.</b>	ASSOCIATION:	
WORK LOCATION: <b>NYCHA FLOATERS</b>	CONTRACT: <b>RIDER FOR NYCHA SITES @ FJC Security Services Inc.</b>	
	RIDER/ASSENT: <b>Y</b>	
GRIEVANCE EMPLOYER: <b>FJC SECURITY SERVICES, INC.</b>		
GRIEVANCE ADDR: <b>275 JERICHO TURNPIKE</b>		
<b>FLORAL PARK NY 11001</b>		
OCCUPATION: <b>Security Officer</b>	SHIFT:	
TIME IN INDUSTRY: <b>4 Months</b>	TIME AT WORK LOCATION: <b>4 Months</b>	TIME WITH EMPLOYER: <b>4 Months</b>
LANGUAGE SPOKEN:	TRANSLATION NEEDED:	
NATURE OF CLAIM: <b>P6 - Member claims that his/her hours of work were or will be changed without sufficient notice effective 8/30/2013.</b>		
I understand that I am required to inform the 32BJ Grievance Center in writing of a change in my address or telephone and cell numbers. I realize that a failure to do this may result in my claim being dismissed, heard or settled without me being present.		
MEMBER SIGNATURE		DATE
GRIEVANCE REP: <b>LaShawn Henry</b>	PHONE: <b>(212)388-3387</b>	FAX: <b>(212)388-3952</b>
GRIEVANCE CENTER PHONE: <b>(212)388-3388</b>	INTAKE BY: <b>wm</b>	



SERVICE EMPLOYEES  
INTERNATIONAL UNION  
CTW, CLC

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President

**LARRY ENGELSTEIN**  
Executive Vice President

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**Capital Area District**  
Washington 202.387.3211  
Baltimore 410.244.5970  
Virginia 703.845.7760

**Connecticut District**  
Hartford 860.560.8674  
Stamford 203.602.6615

**District 1201**  
215.923.5488

**Florida District**  
305.672.7071

**Hudson Valley District**  
914.637.7000

**Mid-Atlantic District**  
215.226.3600

**National Conference of  
Firemen and Oilers**  
606.324.3445

**New England District 615**  
617.523.6150

**New Jersey District**  
973.824.3225

**Western Pennsylvania District**  
412.471.0690

[www.seiu32bj.org](http://www.seiu32bj.org)

**VIA EMAIL AND VIA U.S. MAIL**

October 29, 2013

Ms. Laurie Malloy  
FJC Security Services, Inc.  
33-10 Queens Boulevard, 3<sup>rd</sup> Floor  
Long Island City, NY 11101-2302  
Email: [lmalloy@fjcsecurity.com](mailto:lmalloy@fjcsecurity.com)

**Re: NYCHA Floaters  
Robert Williams  
Case #756170**

To Whom It May Concern:

Please be advised that a dispute has arisen under the collective bargaining agreement between 32BJ SEIU and FJC Security Services, Inc. regarding Robert Williams.

The dispute is as follows:

Claim #1: Member claims that his hours of work were or will be changed without sufficient notice effective August 30, 2013, in violation of the collective bargaining agreement. The Union seeks that the Employer be directed to restore the member to his original work hours.

Claim #2: Member states that he is owed wages in the amount of 4 hours' pay, in violation of the collective bargaining agreement. The Union seeks that the member be paid the above-referenced wages.

Claim #3: Member states that he is owed wages in the amount of 1 day's pay, in violation of the collective bargaining agreement. The Union seeks that the member be paid the above-referenced wages.

If you have any questions, please feel free to contact LaShawn Henry, at 212-388-3387.

Sincerely,

  
Dan Wilson

Complaint and Arbitration Coordinator

cc: Clifford Ingber, Esq., Ingber Law Firm, PLLC (via email)  
LaShawn Henry, Security Division Lead, 32BJ SEIU  
Robert Williams, P.O. Box 220, Bronx, NY 10467

Robert Williams  
P.O. Box 220  
Bronx, NY 10467  
718-547-6098

United States District Court  
Eastern District Of New York  
Long Island Courthouse  
100 Federal Plaza  
Central Islip, NY 11722

December 20, 2013

**RE: TITLE V11 Complaint Filing**


Dear Pro Se Office,

Enclosed you will find the following;

1. Complaint
2. Application To Proceed In Forma Pauperis
3. Right to Sue Letter
4. EEOC Filing Charge
5. Letter To Employer From Plaintiff
6. Union Grievance Complaint
7. Action Determination Letter From 32BJ

Please Note: Attached Documents # 4, 5, 6 and 7 are all attached in support of Complaint for filing.

Thank You

  
Robert Williams

**FILED**  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ **DEC 23 2013** ★  
LONG ISLAND OFFICE